## Town of Milton

115 Federal Street Milton, DE 19968



## www.mílton.delaware.gov

*Phone:* 302-684-4110 *Fax:* 302-684-8999

## **Application for Property Rental License**

Property Owner's Name:  Property Owner's Address and Phone Number:  Rental Property Address:  Property Manager (if applicable):  Property Manager's Address and Phone Number:  Total number of sleeping rooms:  Total amount enclosed:  By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:  For official use only  Amount:  Approved by:	undersigned hereby makes application for a rental license for the year ending December 31,  Remittance payable to the Town of Milton is enclosed in the amount of \$150.00 for residential property and \$150.00 for a commercial property. If this application is for a hotel, motel, inn, bed and breakfast rooming house or boarding house offering rooms for public rental, there is a fee of \$10.00 per room with a minimum fee of \$50.00. Fees are in accordance with the current Town of Milton Fee Schedule.			
Rental Property Address:  Property Manager (if applicable):  Property Manager's Address and Phone Number:  Total number of sleeping rooms:  Total amount enclosed:  By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Property Owner's Name:			
Property Manager (if applicable):  Property Manager's Address and Phone Number:  Total number of sleeping rooms:  Total amount enclosed:  By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Property Owner's Address and Phone Number:			
Property Manager's Address and Phone Number:  Total number of sleeping rooms:  Total amount enclosed:  By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Rental Property Address:			
Total number of sleeping rooms:  Total amount enclosed:  By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Property Manager (if applicable):			
Total amount enclosed:  By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Property Manager's Address and Phone Number:			
By signing this application the property owner/manager agrees 1) The property complies with all Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Total number of sleeping rooms:			
Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety devices as required by the State Fire Marshal.  Owner's Signature:	Total amount enclosed:			
	Laws and Ordinances of the Town of Milton, 2) that all taxes, obligations and assessments due the Town of Milton for this property are paid in full, 3) each such rental unit has functioning smoke detection devices, Carbon Monoxide detection devices (if required) and those safety			
For official use only Amount: Approved by:				
Date Received:	For official use only Date Received:	Amount:	Approved by:	